

of the low risk patients, a substantial improvement of symptoms can be achieved by PCI of the culprit lesion, and even complete revascularisation may be considered.

- ▶ In patients with stable angina and an intermediate or high risk according to risk stratification, a decision has to be made when intensified medical treatment is without satisfactory effect. However, the potential benefit of PCI has to be weighed against the elevated risk for peri-interventional complications.
- ▶ In acute coronary syndrome settings, in urgent situations, risks are generally high for elderly patients. However, in these situations, the potential benefit of PCI increases towards those patients of the highest risk groups. Therefore, when the patient appears healthy enough to leave hospital and return to a meaningful life at home, one has to weigh the elevated risks against the increased potential benefit in this high-risk group. However, reperfusion therapy by PCI is the preferred strategy, both in patients with or without ST elevation.

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